UHIN HCFA 1500 Data Elements
Crosswalk Implementation to 4010 837
Medicaid and Commercial Payers
Assume: No National Identifiers in use

Bolded terms **= required in 837 (based on structure of 4010 837)**

E:\Jan\WPDOCS\ASC-X12\Class\40101500-Xwalk.doc

Box Number	Name of Box on HCFA 1500	Comments	837 4010 Map (loop segment/element)
1	[Type of Health Plan]		Not mapped
1a	**Insured's ID Number**		**2010BA NM108=MI, NM109**
2	**Patient's Name**		**2010CA NM103 = Last, NM104 = First, etc**
3	**Patient's Birth Date/ SEX**		**2010CA DMG02**
4	**Insured's Name**		**2010BA NM103 = Last, NM104 = First, etc**
5	Patient's Address		2010CA N201 N301
	City		2010CA N301 N401
	State		2010CA N302 N402
	ZIP code		2010CA N303 N403
	Telephone Number		Not mapped
6	**Patient Relationship to Insured**		**If "Self", 2000B SBR02** **If not "self", 2000C PAT01**
7	Insured's Address		2010BA N201 N301
	City		2010BA N301 N401
	State		2010BA N302 N402
	ZIP Code		2010BA N303 N403
	Telephone Number		Not mapped
8	Patient Status		Not mapped
9	Other Insured's Name		2330A NM103=Last, NM104=First, etc
9a	Other Insured's Policy or Group Number	Box 9 is used to carry non-destination payer information	2320 SBR03
9b	Other Insured's DOB/ SEX		2320 DMG02
9c	Employer's or School Name		Not Mapped
9d	Insurance Plan Name or Program Name	Box 9 is used to carry non-destination payer specific information	2330B NM103
10a	Is Patient's Condition Related to, Employment?		2300 CLM11-1, 11-2, 11-3
10b	Auto Accident?		2300 CLM11-1, 11-2, 11-3
10c	Other Accident?		2300 CLM11-1, 11-2, 11-3
	State		2300 CLM11-4
10d	Reserved for Local Use		Not mapped
11	Insured's Policy Group or FECA Number	Box 11 is used to carry the destination payer specific information	2000B SBR03
11a	Insured's Date of Birth /SEX		2010BA DMG02
11b	Employer's Name or School Name		Not mapped
11c	Insurance Plan Name or Program name		2010BB NM103
11d	Is there another health benefit plan?		Not mapped
12	**Patient's Signature**		**2300 CLM09/10**
	Date		Not mapped
13	**Insured's Signature**		**2300 CLM08**
14	Date of current illness/symptom		2300 DTP03 when DTP01=431
15	If patient has had same or similar illness		2300 DTP03 when DTP01=438
16	Dates patient unable to work in current occupation		2300 DTP03 when DTP01=297 2300 DTP03 when DTP01=296
17	Name of referring physician or other	Used for referring phys only.	2310A NM103=Last, NM104=First, etc
17a	ID number of referring physician		2310A REF02 when REF01=1G
18	Hospitalization dates related to current		2300 DTP03 when DTP01=435 and 096

Box Number	Name of Box on HCFA 1500	Comments	837 4010 Map (loop segment/element)
19	Reserved for Local Use		2300 K3
20	Outside Lab?		Not mapped
20R	Charges	Charges refers to total purchased service charges, not just outside lab	2300 AMT02 when AMT01=NE
20RR	[Charges, right box]		Not mapped
21	Diagnosis		2300 HI01-04
22L	Medicaid Resubmission Code		Not mapped
22R	Original Ref. No.		2300 REF02 when REF01=F8
23	Prior Authorization Number (23R)	Use for both prior auth and referral numbers	2300 REF02 when REF01=G1
	23L	Used for CLIA	2300 REF02 when REF01=X4
24a	Dates of Service		2400 DTP03 when DTP01=472
24b	**Place of Service**		**2400 SV105**
24c	Type of Service		Not mapped
24d	Procedures code		2400 SV101-2 when SV101-1=HC, IV or ZZ
	Modifiers	Continue to put anesthesia modifiers here	2400 SV101-3, 4, 5, 6
24e	Diagnosis Code		2400 SV107-1, 2, 3, 4
24f	**$ Charges**		**2400 SV102**
24g	Days or Units	Does not cover billing minutes	2400 SV104 when SV103= UN
24h	EPSDT Family Plan		2300 CLM12=01
24I	**EMG**		**2400 SV109**
24j	COB		Not mapped
24k	Reserved for Local Use	Use for NDC number	2400 SV101-2 when SV101-1=N1, N2, N3, 0r N4
25	**Federal Tax ID Number**	Pay-to (rendering) provider TIN	**2010AB NM109 when NM108= 24 or 34** (if pay-to is another provider (e.g., rendering) then map to that NM1 loop)
	EIN/SSN		**2010AB NM108**
26	**Patient's Account Number**		**2300 CLM01**
27	**Accept Assignment?**		**2300 CLM07**
28	**Total Charge**		**2300 CM02**
29	Amount Paid	Use to indicate prior payer(s) total amount paid on claim	2320 AMT02 when AMT01=D
30	Balance Due	Use to indicate total payer(s) allowed amount on claim	2320 AMT02 when AMT01=B6
31	Signature of Physician or Supplier	Rendering provider info; line1= name (FML)	2310B NM103=Last, NM104= First, etc
	Date		Transmission date
32	Name and address of Facility where	Where services were rendered if other than office	2310D NM103=name N301=street N401=City, N402=State, N403=ZIP
33	Physician's, Suppliers Billing Name, Address, etc.	Put in pay-to provider information, pulled from provider master file	2010AA and AB NM103, 04, 05, N302, N401, 02, 03.
P33	PIN#	Pulled from provider master file	2310B REF02 when REF01=G2
G33	GRP#	Pulled from provider master file	2310B REF02 when REF01=G5